



DIRECTORS
Mirna & Fred Moskowitz

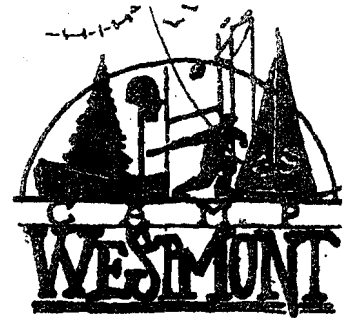
WINTER ADDRESS
Camp Westmont
2116 Merrick Ave.
Suite 3005
Merrick, NY 11566



Phone: (516) 771-3660
(516) 771-3661
Fax: (516) 771-2654

CONFIDENTIAL CAMPER PROFILE

(PLEASE RETURN BY MAY 1)



Wayne County
Poynette, PA 18454
Phone 570-448-2500
Fax 570-448-2063

All details in this report will be carefully studied and suggestions will be conscientiously carried out. In order to assure a happy, healthful and productive summer for your child it is essential that you include all vital information. Your whole hearted cooperation will enable the camp directors to utilize your knowledge and advice in providing proper and intelligent guidance for your child from the moment of his/her arrival at camp.
DATE _____

CAMPER'S NAME _____ PHONE _____

ADDRESS _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

GENERAL PHYSICAL DESCRIPTION _____

SCHOOL ATTENDING _____

SCHOOL GRADE AS OF NEXT SEPTEMBER _____

Is this the first experience away from home? _____

Does the camper have fear about:

- Swimming? _____
- Darkness? _____
- Being alone? _____
- Thunderstorms? _____
- Sleeping Outdoors? _____
- Competition with others? _____

Any other fears? (Please specify) _____

Would your child like to gain weight? _____ Lose weight? _____ Maintain weight? _____

What meal-time problems, (if any) should the counselor anticipate? _____

How have you dealt with this problem? _____

EMERGENCY PHONE NUMBER(S): _____

Any allergies? _____

Have periodic injections been given to control the condition? _____

Do you intend to send medication to camp for the above? _____

Specify _____ Instructions _____

Is your child to keep the medication and use it when needed? _____

Explain _____

What behavior problems should the counselor anticipate? _____

How have you dealt with this problem? _____

What physical symptoms does your child display before the onset of illness which the counselor should be alerted to? _____

Does the camper know how to swim? _____ Is diving allowed? _____

What athletic skills would you like emphasized?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

What social skills would you like emphasized?

Dance _____	Drama _____
Music _____	Fine Arts _____
Crafts _____	

What aspects of character and personality would you like to be developed?

Please mention any other factors that will assist us in completely understanding your child _____

Date _____ Signature of parent _____